FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000059237 (6)

L & L WAY, INC.

Principal Place of Business

SIGNATURE:

2265 ROŚWELL RD. STE. 402 MARIETTA GA 30062 US		2265 ROSWELL RD. STE. 402 Marietta ga 30062-2980 Us			3. Date Incorporated or Qualified	3a. Date of Last Report			
			··			08/24/1993	06/	21/1996	
· ·	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	oplied For	
21		26				58-2083689			t Applicable
Suite Apt. # otc. 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing		\$ 5.00	
23		28				Trust Fund Contribution	<u> </u>	Added t	
Zıp 	h			ntry		8. This corporation has liability for i			. 199.032,
24	25	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
OIDE	9. Name and Address of Curre	ni negistered Agent		81	Name	10. Name and Address of New Ne	Alaretan	Mann	
	NEN, TERRY		. [Ψ.	1400110				
	131ST AVENUE EAST			82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)		
	LEY GABLES APTS - MGM. OF	FICES	-						
TAM	PA FL 33612			83					
_			ŀ	84	City			85 Zip (Code
·-··						corporation submits this statement for the p	FL		
SIGNATURE	m familiar with, and accept the oblig					equirad when reinslating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECTOR	IS IN 12
711LÉ	P	DELETE	1.1 (17	LE				Change	Addition
NAME	LAMM, SHALOM E		1 2 NA	ME	ł				
STREET ADDRESS	476 DURYEA TERRACE		13 STF	REET /	ADDRESS				
CHTV+S1+Z0P	West Hampton NY		1.4 C/T	Y-ST	-ZIP				
TITLE	T	☐ DELETE	2.1 TiTi	LE				☐ Change	Addition
NAME	O'NEIL, ALAN R		2.2 NA	ME]				
STHEET ADDRESS	2265 ROSWELL ROAD, STE.	402	2.3 STF	REET /	address				
CHTY-ST-ZP	MARIETTA GA 30062		2. 4 CI	TY - 5	T-ZIP				
TITLE		☐ DELETE	3.1 T(T	LE		٠	دوهر. ۱۳۰	Change	Addition
NAME			3.2 NA	ME]		F		
STREET ADDRESS			3.3 \$11	REET	ADDRESS				
CITY - ST-ZIP			3 4. CI		T-ZIP				- A 100
TITLE		☐ DELETE	4.1 TIT					Change	Addition
N4M€			4. 2 NA		ĺ				
STREET ADDRESS					ADDRESS				
C:TY+ST+ZiP		□ · DELETE	4.4 CIT		-2(P			Change	Addition
TITLE		LI VECETE	5.1 T/T		1			☐ neade	Land Addition
NAME OXOLE ADDRESS			5.2 NA		4000000				
STREET ADOPESS					ADDRESS				
CITY ST-ZIP		DELETE	5.4 CIT 6.1 TIT		- 218			Change	Addition
NAME		hand Derest	62 NA		1			- Sunuffo	
					Annoree				
STREET ADDRESS			1		ADDRESS				
CITY - ST-7/2	ay certify that the information consti	ed with this filing does not also	64 CiT			ated in Section 119.07(3)(i), Florida Statute	s Hurtha	er certify that	the
informatic	o indicated on this annual report or	supplemental annual report is	true and a	CCLI	rate and	that my signature shall have the same lega aport as required by Chapter 607, Florida S	il effect a	is if made uni	der oath: tha